

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name DAVID JORDAN

Full Address P.O. Box 8173, Greenwood, MS 38930

Telephone 662-453-5361 (Fax) 662-453-5361

E-mail _____

Office Sought State Senator, District 24 Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	0 \$	0	\$ 2,800
Total amount of disbursements	683 + 600 \$	1,283	\$ 2,179
Total amount of cash on hand	\$	8,847 ⁰⁰ / _{xy}	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

David Jordan
Signature of Candidate

1/27/2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

DAVID JORDAN

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Reporting period 1/13/09

through 1/27/2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 0
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 0
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 0
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name DAVID JORDAN		___/___/___	\$
Mailing Address P.O. Box 8173		___/___/___	\$
City, State, Zip Code Greenwood, MS 38930		___/___/___	\$
Name of Employer (Required) State - state Senator		___/___/___	\$
Occupation (Required) State Senator - Donated to INX Campaign		Aggregate year-to-date	\$ 2800.00 XX

Name of Candidate or Committee

Reporting period through

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ITEMIZED DISBURSEMENTS

A. Full name Greenwood Commonwealth News		Date (Mo., Day, Year) 5/22/09	Amount of each disbursement this period \$ 391 ⁰⁰ / _{xx}
Mailing Address P.O. Box 5080, Greenwood			
City, State, Zip Code Greenwood, MS 38935			
Purpose of Disbursement (Optional) Political ad		Aggregate Year-to-date	\$ 391 ⁰⁰ / _{xx}
B. Full name WGRM Radio Station		Date (Mo., Day, Year) 5/15/09	Amount of each disbursement this period \$ 240 ⁰⁰ / _{xx}
Mailing Address Greenwood, MS 38930			
City, State, Zip Code Greenwood, MS 38930			
Purpose of Disbursement (Optional) Political Announcement		Aggregate Year-to-date	\$ 240 ⁰⁰ / _{xx}
C. Full name Greenwood Commonwealth News		Date (Mo., Day, Year) 6/12/09	Amount of each disbursement this period \$ 52 ⁰⁰ / _{xx}
Mailing Address P.O. Box 8050,			
City, State, Zip Code Greenwood, MS 38930			
Purpose of Disbursement (Optional) Thanking the Voters		Aggregate Year-to-date	\$ 52 ⁰⁰ / _{xx}
D. Full name "Campaign Workers" (10 at \$60 ⁰⁰ / _{xx} each)		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Greenwood, MS			\$ 600 ⁰⁰ / _{xx}
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 600 ⁰⁰ / _{xx}
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$